

S. No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34252

State File No. ....

FILED OCT 20 1952

BIRTH NO. ....		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>1074</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (In this place) <u>10 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>King City-Rural</u> <u>038</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Metho. Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>RR #1-9 miles Northeast of town</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELLEN</u>		b. (Middle) .....		c. (Last) <u>KELLEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 1, 1952</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>June 9, 1860</u>	
9. AGE (In years last birthday) <u>92</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u> <u>0</u>	
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Patric Reardon</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Ford</u>	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE <u>James B. Kelley</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>James P. Kelley</u>		17. ADDRESS <u>King City, Mo. RR #1</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture Left Hip</u>  ANTECEDENT CAUSES DUE TO (b) <u>Senility</u>  DUE TO (c) .....			
19a. DATE OF OPERATION <u>9-26-52</u>				19b. MAJOR FINDINGS OF OPERATION <u>Trochanteric Fracture of Left Hip</u> <u>038</u>			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				21a. ACCIDENT (Specify) <u>Accident</u>			
21a. ACCIDENT (Specify)				21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>In Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>King City Gentry Missouri</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>9-22-52</u> <u>?</u> <u>?</u> <u>?</u>				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell</u>	
22. I hereby certify that I attended the deceased from <u>Sept 22, 1952</u> , to <u>Oct 1, 1952</u> , that I last saw the deceased alive on <u>Oct 1, 1952</u> , and that death occurred at <u>4:50P m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Joseph Kulowicki M.D.</u>				23b. ADDRESS <u>St. Joseph Mo</u>		23c. DATE SIGNED <u>10-11-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>10-1-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Patrics</u>		24d. LOCATION (City, town, or county) (State) <u>Ford City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Oct 13, 1952</u>		REGISTRAR'S SIGNATURE <u>Carl C. Cant</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R. A. Gagnant</u>		ADDRESS <u>King City Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*R. G. Taggart*

Licensed Embalmer No. 2563

P. O. Address King City Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.